NUMBER EFFECTIVE DATE MICHIGAN DEPARTMENT OF CORRECTIONS 12/08/2003 03.04.101 POLICY DIRECTIVE SUPERSEDES SUBJECT PRISONER HEALTH CARE COPAYMENT 03.04.101 (01/03/00) AUTHORITY MCL 791.203; 791.267a; Administrative Rule 791.6639 ACA STANDARDS 4-4345 3 1 PAGE OF

POLICY STATEMENT:

A prisoner in a Correctional Facilities Administration (CFA) institution shall be offered necessary health care services (i.e., medical, dental and optometric services) regardless of ability to pay, but shall be charged a fee for health care services which are requested by the prisoner as set forth in this policy.

POLICY:

DEFINITIONS

- A. Emancipated Minor A minor who is married or for whom a court has issued an order of emancipation.
- B. <u>Qualified Health Professional</u> A physician, physician assistant, registered nurse, nurse practitioner, dentist, dental hygienist, or other health care professional licensed by the State of Michigan or certified to practice within the scope of his/her training.
- C. <u>Qualified Mental Health Professional</u> A physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed by the State of Michigan or certified to practice within the scope of his/her training.

GENERAL INFORMATION

- D. A prisoner may report an illness or other health problem to a qualified health professional and receive diagnosis and appropriate treatment, as outlined in PD 03.04.100 "Health Services". However, the prisoner shall be charged a \$5.00 copayment for each medical, dental and optometric visit, except as set forth in Paragraphs G through I of this policy.
- E. If the prisoner is under 18 years of age, is not emancipated, and has insufficient funds to pay a fee required by this policy, the prisoner's parent or guardian shall be responsible for the fee. The Business Office shall send a bill to the parents or guardian at the last known address along with a brief explanation of the basis for the bill.
- F. The prisoner shall not be charged more than one fee for each visit, regardless of the number of symptoms addressed during the visit.

APPLICATION

- G. Prisoners shall not be required to pay a copayment for health care visits initiated by a QHP or required by the Department, including transfer assessments, intake and annual health screenings, and required follow-up care.
- H. A health care visit initiated by a prisoner shall be subject to a copayment except if the visit:
 - 1. Is for a work-related injury documented by the prisoner's work supervisor.

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- 2. Is for the prisoner to be tested for Human Immunodeficiency Virus (HIV), sexually transmitted diseases, infestations, or reportable communicable diseases.
- 3. Is for an evaluation, consultation, or treatment of a mental health need.
- 4. Results in the prisoner receiving, or being referred to receive, emergency medical care within one hour. If the emergency medical care is due to an intentional self-inflicted injury, the prisoner shall be responsible for the full cost of the medical care provided as set forth in Paragraph I.

Self-Inflicted Injuries

I. A prisoner who intentionally injures himself/herself and receives emergency medical care for that injury shall be charged the full cost of the emergency and subsequent medical care provided as a result of the injury. However, a prisoner will not be responsible for the cost of emergency medical care for self-inflicted injuries if a qualified mental health professional determines the prisoner is mentally ill, and either lacks substantial capacity to know right from wrong or is incapable of conforming his/her conduct to Department rules. The cost of medical care does not include ancillary services such as transportation and custody costs.

ASSESSMENT OF CHARGES

- J. A prisoner shall use the Prisoner Request for Health Care Services form (CHR-549) to request a health care visit. Staff shall review the form with the prisoner if the prisoner is unable to read the form or has questions regarding it. At the conclusion of the visit, health care staff shall determine if the prisoner is to be charged a fee for the visit in accordance with this policy and shall complete the Prisoner Request for Health Care Services form. A copy of the form shall be sent to the Business Office if a fee will be charged for the visit.
- K. A prisoner's signature on the Prisoner Request for Health Care Services form shall serve as the prisoner's agreement to pay the charged fee and to have funds removed from his/her account to pay the fee. A prisoner who refuses to sign the Prisoner Request for Health Care Services form shall not be denied necessary health care services but a hearing shall be conducted as set forth in PD 04.02.105 "Prisoner Funds" to determine if the funds should be removed from the prisoner's account to pay the fee. Business Office staff shall prepare a Notice of Intent to Conduct an Administrative Hearing (CSJ-282); housing unit staff shall conduct the hearing. The completed hearing report shall be forwarded to the Business Office for processing, as appropriate. If the prisoner lacks sufficient funds to pay a fee required by this policy, the fee shall be considered an institutional debt and collected as set forth in PD 04.02.105.

NOTICE TO PRISONER POPULATION

L. Information regarding the availability of health care services, subject to fees required by this policy, shall be incorporated into reception facility orientation programs. This information also shall be included in the Prisoner Guidebook.

OPERATING PROCEDURES

M. Wardens and Regional Health Administrators shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive; this shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that their existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

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AUDIT ELEMENTS

N. A Primary Audit Elements List has been developed and will be provided to Wardens and Regional Health Administrators to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

PLC:OPH:11/12/03